

## Group Insurance Trust

### Group Voluntary Vision Plan Summary

Monthly Rates	Vision Service Plan (VSP)	
	Voluntary Vision	
Single	\$7.06	
Employee + Spouse	\$12.62	
Employee + Child(ren)	\$13.54	
Family	\$20.94	
Benefits	In-Network	Out-of-Network
Network	VSP	N/A
Benefit Item		
Exam Copay	\$10	\$10; Reimbursed Up To \$35
Frequency	1 Every 12 Months	1 Every 12 Months
Lenses Copay	\$25	\$25; Reimbursed Up To \$25 For Single Vision
Frequency	1 Every 12 Months	1 Every 12 Months
Frames Copay	\$130 Retail Allowance	\$25; Reimbursed Up To \$45
Frequency	1 Every 24 Months	1 Every 24 Months
Contacts Copay	\$130 Allowance	Reimbursed Up To \$105
Frequency	1 Every 12 Months	1 Every 12 Months